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W 27			FORM FRQ
I lection i on tenforcements oneignesson	Professio QU	Registration #	
			Report Quarter
	NEW JERSEY ELECTI P.O. Box	Apr. 15,	
		ll Free Within NJ 1-888-313-ELEC (3532) www.elec.nj.gov	Jul. 15,
			Oct. 15,
PLEASE PRINT OR T	☑ Jan. 15, <u>2020</u>		
Name of Professional (Check If No Activity This Quarter		
Business Name	FOR STATE USE ONLY		
			29-1
Business Address (Nur		different than previously reported) AIRACRES AVENUE	
Business Address (City	ELEC RECEIVED		
Day Telephone (with A	rea Code)* 908-456-0696	Evening Telephone (with Area Code)* 908-456-0696	FEB 1 0 2020
Check if Amendment	Amendment (please specit	5/)	
	Profession	al Campaign Fundraiser's Certification	
I certify that the sta	atements on this document	are true and correct. I am aware that if any of the	statements on this
document are willfu	ully false, I may be subject t	o punishment.	

Signature of Professional Campaign Fundraiser

Date

MICHELE ALBANO

Print Full Name of Professional Campaign Fundraiser

Recipient of Professional Campaign Fundraiser's Services Please use a separate page for each candidate or committee							
	t Candidate or Commit		ASSE	MBLY			
Amount(s) Raised This Period (Gross) Amount(s) Raised This Period (Ne \$ 57.5,000) \$ 57.3,000 Specific Services Provided			(Net)	Compensation Received By Fundraiser For This Period \$ 20.000			
FUNDRAIS							
	AND MAIL INVIT	ATIONS					
	AND SEND EMAIL						
	ONE CALLS	 					
	NAGEMENT				· · ·		
LIST MAINT	 	······································	···				
LIST MAIN	LIAMOL						
<u> </u>	<u> </u>	Itemized Expe	nditure	в			
PAYMENT DATE	PAYEE NA	ME AND ADDRESS		PURPOSE OF EXPENDITURE	AMOUNT		
					\$		
-							
1		·					
"Total" reflects a	III expenditures made o	n behalf of the candidate or com	mittee n	amed above. Total \$	10-		